



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0347	3	Manhattan Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 425	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Manhattan	597410425
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2004</b>	Date Approved
	Signature



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0348	3	Manhattan H S	16	HS

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	Manhattan	597410425
<b>Title</b>	<b>Date</b>	

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Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0350	7	Bozeman Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 520	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59771
<b>Title</b>	<b>Date</b>	

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Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0351	7	Bozeman H S	16	HS

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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	Bozeman	59771
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0354	J15-17	Willow Creek Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 189	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Willow Creek	59760
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0355	15	Willow Creek H S	16	HS

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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	PO Box 189	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Willow Creek	59760
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0357	20	Springhill Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6020 Springhill Comm Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belgrade	59714
<b>Title</b>	<b>Date</b>	

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Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0359	22	Cottonwood Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	13233 Cottonwood Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59718
<b>Title</b>	<b>Date</b>	

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School Accounting and Budgeting  
Office of Public Instruction  
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Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0360	J-24	Three Forks Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	212 East Neal	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Three Forks	59752
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0361	J-24	Three Forks H S	16	HS

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	212 East Neal	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Three Forks	59752
<b>Title</b>	<b>Date</b>	

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Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0362	25	Pass Creek Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	3747 Pass Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belgrade	59714
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0363	27	Monforton Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6001 Monforton School Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59718
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0364	35	Gallatin Gateway Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 265	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Gallatin Gateway	59730
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

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Legal Entity #	School Dist. #	School Name	County	Level
0366	41	Anderson Elem	16	EL

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(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	10040 Cottonwood Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59718
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2004</b>	Date Approved
	Signature



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0367	43	LaMotte Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	841 Bear Canyon Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59715
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2004</b>	Date Approved
	Signature



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0368	44	Belgrade Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 166	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belgrade	59714
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2004</b>	Date Approved
	Signature





Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0369	44	Belgrade H S	16	HS

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 166	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belgrade	59714
<b>Title</b>	<b>Date</b>	

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<b>Approved Rate for FY2004</b>	Date Approved
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Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0370	47	Malmborg Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	375 Jackson Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59715
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2004</b>	Date Approved
	Signature



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0374	69	West Yellowstone K-12	16	K12

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 460	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	West Yellowstone	59758
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2004</b>	Date Approved
	Signature



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0375	72	Ophir Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	45465 Gallatin Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Gallatin Gateway	59730
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

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<b>Approved Rate for FY2004</b>	Date Approved
	Signature



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**  
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0376	75	Amsterdam Elem	16	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6360 Camp Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Manhattan	59741
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

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<b>Approved Rate for FY2004</b>	Date Approved
	Signature